



TOWN OF LOS GATOS

COMMUNITY SERVICES COMMISSION APPLICATION

Submit to: Clerk Department

110 East Main Street, P.O. Box 949, Los Gatos, CA 95031

Telephone: (408) 354-6834 • Fax: (408) 354-8431 • Email: clerk@losgatosca.gov

Please type or print legibly

* Last Name: _____	* First Name: _____
* Address: _____	* City: _____ * Zip: _____
* Home Phone: _____	Work Phone: _____
Email: _____	Fax: _____
Present Employer: _____	Job Title: _____
Length of Residency in Los Gatos: _____	
* If appointed, this information will be made available to the public.	

Previously Held Elected or Appointed Governmental Positions	Position/Office Held	Dates
Civic or Charitable Organizations You Have Belonged To	Position/Office Held	Dates
Schools Attended/Attending	Major Subject and/or Grade Level	

A separate application is required for each Commission. Please list other Commissions you are applying to:

Signature: _____

Date: _____

Name of applicant: _____

Please check the appropriate category:

- ☐ I am applying for an adult commissioner position.
- ☐ I am applying for a student commissioner position.

1. Why are you interested in serving on the Community Services Commission? _____

2. What kinds of fund-raising activities have you participated in? _____

3. What experiences have you had with non-profit agencies? _____

4. Please describe any experience you have with grant writing and grant application review processes.

5. Have you ever attended a Community Service Commission meeting? _____. If so, please provide a summary of your observation of the meeting. _____

6. What community needs would you like to specifically address? _____
